

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

Marking Instructions: Please type or use blue or black ink pen.
 Completely fill in one circle.
 Print legible numbers and block letters; no script.

I Reporting Information

Year: 2013

Fill in circle if amendment ☐

FOR OFFICE USE ONLY

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II Client Information

Name: Queensborough Community College

Permanent Business Address: 222-05 56th Avenue

City: Bayside

State: NY

ZIP code: 11364

Phone: 718-281-5144

III Business Relationship with an Entity

Instructions: Fill out this section only if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV.

Entity Name:

Entity Address:

City:

State:

ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name:

First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity: ☐

Description of Business Relationship(s):

Compensation (Actual or Anticipated):

\$

.00

Expenses (Actual or Anticipated):

\$

.00

Total Compensation and Expenses (Actual or Anticipated):

\$.00

Beginning date of Business Relationship (Actual or Anticipated):

Month:

Year:

End date of Business Relationship (Actual or Anticipated) if applicable:

Month:

Year:

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities: ☐

IV Business Relationship with a State Person

Instructions: Fill out this section only if the Relationship is with a State Person. If the Relationship is with an Entity, skip this section and fill out Section III.

State Person Last Name: Hart

State Person First Name: Ernest

Agency or Legislative Body of Employment: New York City Criminal Court

Public Office Address: 125-01 Queens Boulevard (Central Address)

City: Queens

State: NY

ZIP code: 11415

Phone: 718-298-0792

Description of Business Relationship(s):

Ernest Hart taught as an Adjunct Professor at Queensborough Community College during 2013. This is part-time employment that is contingent on student enrollment numbers.

Compensation (Actual or Anticipated):

\$ 23,550.48

.00

Expenses (Actual or Anticipated):

\$

.00

Total Compensation and Expenses (Actual or Anticipated):

\$23,550.48

.00

Beginning date of Business Relationship (Actual or Anticipated):

Month: January

Year: 2013

End date of Business Relationship (Actual or Anticipated) if applicable:

Month: December

Year: 2013

Check here if using addendum sheet for additional State Person(s): ☐

V Declaration

This Declaration must be signed by the Chief Administrative Officer. If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration. (See Instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X

SIGNATURE:

Liza Larios

DATE:

1/15/2014

PRINT NAME: LAST

LIZA LARIOS

FIRST

LIZA

Mark One:

☐

Chief Administrative Officer

☒

Designee (Attach Letter)